

North Carolina Department of Environment and Division of Waste Management

Solid Waste Section

INVOICE 2012

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Make checks payable to **N.C. Division of Waste Management, Solid Waste Section**, include Permit Number and invoice number on check. If you are paying by electronic transfer, include the invoice number with your electronic transfer. [G.S. 25-3-506: A \$25.00 processing fee will be charged on all returned checks.] Please return a copy of this invoice with your payment.

Contact/Billing Information:	Facility Location Address:
Mr. Don Adams, County Manager	
Alleghany County Transfer Facility	Alleghany County Transfer Facility
PO Box 366	419 Osborne Road
Sparta, NC 28675	Sparta, NC 28675

Put on	INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
Check t	SW012-0083	11-13-2012	-	\$3,000.00
Compact				

- A. <u>Permit Fee Requirements:</u> Pursuant to North Carolina General Statute 130A-295.8 you are required to pay fee(s) based on your solid waste management activities. The fee(s) shall be used to support the solid waste management program. An application is deemed incomplete until all fees are received.
- B. Explanation of Invoice Amount is Based on Facility's Current Permit Application

مر ل	Facility Permit #	Facility Type	Application Type	Application Date	Fee	Total Amount
	- 0303T-TRANSFER-1994	TRANSFER	Amendment	11-5-2012	\$3,000.00	\$3,000.00
-			(5 Year Renewal)			
				Total	Amount Due	\$3,000.00
					Amount Paid	\$0.00

C. Remit Payment (including a copy of this invoice) To:

Division of Waste Management Solid Waste Section 1646 Mail Service Center Raleigh, NC 27699-1646 Attn: Ellen Lorscheider

- D. Solid Waste Contacts:
 - 1. Questions about billing process: Elien Lorscheider at (919) 707-8245
 - Questions about the Regulations and Technical Assistance:
 Ed Mussler (919) 707-8281 Landfills, Transfer Stations
 Michael Scott (919) 707-8246 Land Application Sites, Compost Facilities

CK # 48072 53.000.00

E. <u>Update Your Information:</u> Please indicate any changes in Facility or Contact Information.

5W01Z-0083 P0521

PERMIT APPLICATION REVIEW FORM

Facility Name and Permit ID Alleghany County Transfer Facility, 0303T-TRANSFER-1994 Applicant (Owner) Name Alleghany County □ (1)a. New – New Facility □ (1)b. New – Expand Facility Boundary □ (1)c. New – Expand Waste Boundary □ (1)d. New – Substantial Amendment □ (2)a. Amendment – Next Phase of the Approved Facility Plan □ (3)a. Modification – Change in Ownership □ (3)a. Modification – Change in Ownership □ (3)b. Modification – Subsequent Permit to Operate (No CHR) □ (4)b. Modification – Subsequent Permit to Op	Review Requested by: Allen Gaith	er	Date Requested: 11/6/2012	
Applicant (Owner) Name Alleghany County (1)a. New – New Facility (1)b. New – Expand Facility Boundary (1)c. New – Expand Waste Boundary (1)d. New – Substantial Amendment (2)a. Amendment – Next Phase of the Approved Facility Plan (2)b. Amendment – Next Phase of the Approved Facility Plan (2)b. Amendment – Five-year Renewal (2)c. Amendment – Five-year Renewal (2)c. Amendment – Change in Ownership (3)a. Modification – Change to Approved Plans (No CHR) (3)b. Modification – Subsequent Permit to Operate (No CHR) Permit Fee \$3000.00 Date Application Received 11/5/2012 Contact Name, Title & Phone No. Mr. Don Adams. County Manager. (336) 372-4179 Contact Email Address Malleghany County 911 Address 419 Osborne Road Mailing Address PO Box 366 City/State/Zip Sparta, NC 28675 Parent Company M/A Known Subsidiaries N/A Other Known Related or Associated Business Names Known Counties of Operation Alleghany Yes \(\) No \(\) Unknown \(\) Does the Applicant have a Past Or Current Solid Waste Permit? Did the Permit Applicant Submit Financial Assurance Cost Estimates?				
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Date Application Received Contact Name, Title & Phone No. Mr. Don Adams, County Manager, (336) 372-4179 Contact Email Address manageralc@skybest.com Company Name Alleghany County 911 Address 419 Osborne Road Mailing Address PO Box 366 City/State/Zip Sparta, NC 28675 Parent Company N/A Known Subsidiaries Other Known Related or Associated Business Names Known Counties of Operation Does the Applicant have a Past Or Current Solid Waste Permit? Did the Permit Applicant Submit Financial Assurance Cost Estimates? Mr. Don Adams, County Manager, (336) 372-4179 Malleghany County Mr. Don Adams, County Manager, (336) 372-4179 Mr. Don Adams, County Manager, (336)	[This is the action the applicant is requesting in accordance with	 □ (1)b. New – Expand Facility Boundary □ (1)c. New – Expand Waste Boundary □ (1)d. New – Substantial Amendment □ (2)a. Amendment – Next Phase of the Approved Facility Plan ⋈ (2)b. Amendment – Five-year Renewal □ (2)c. Amendment – Change in Ownership □ (3)a. Modification – Change to Approved Plans (No CHR) 		
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Mailing Address City/State/Zip Parent Company Known Subsidiaries Other Known Related or Associated Business Names Known Counties of Operation Does the Applicant have a Past Or Current Solid Waste Permit? Did the Permit Applicant Submit Financial Assurance Cost Estimates? PO Box 366 Sparta, NC 28675 N/A N/A N/A Alleghany Yes □ No □ Unknown □ Facility Type: MSW, TS Permit No.: 0302, 0303 Yes □ No □ N/A□ Not Needed □	Company Name	Alleghany County		
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Parent Company Known Subsidiaries N/A Other Known Related or Associated Business Names Known Counties of Operation Does the Applicant have a Past Or Current Solid Waste Permit? Did the Permit Applicant Submit Financial Assurance Cost Estimates? N/A N/A N/A Alleghany Yes □ No □ Unknown □ Facility Type: MSW, TS Permit No.: 0302, 0303	Mailing Address	PO Box 366		
Known Subsidiaries N/A Other Known Related or Associated Business Names N/A Known Counties of Operation Alleghany Does the Applicant have a Past Or Current Solid Waste Permit? Yes □ No □ Unknown □ Facility Type: MSW, TS Permit No.: 0302, 0303 Did the Permit Applicant Submit Financial Assurance Cost Estimates? Yes □ No □ N/A□ Not Needed □ Not Neede	City/State/Zip	<u>Sparta, NC 28675</u>		
Other Known Related or Associated Business Names Known Counties of Operation Does the Applicant have a Past Or Current Solid Waste Permit? Did the Permit Applicant Submit Financial Assurance Cost Estimates? N/A	Parent Company	N/A		
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Financial Assurance Cost Yes No N/A Not Needed Estimates?		•		
Other Notes Enter Other Notes	Financial Assurance Cost	Yes □ No □ N/A□	☐ Not Needed ⊠	
	Other Notes	Enter Other Notes		
	Other Notes	Enter Other Notes		